

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014443

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 198

STATE FILE NUMBER

FILED MAY 7 1962

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

32 Da

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Missouri Southeast

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILL

b. COUNTY

Palaski

c. CITY OR TOWN

Mound City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

125 Pearl

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Anna

Katherine

Little

4. DATE OF DEATH

Month

Day

Year

Apr 30 62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/29/91

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Electrolyte Imbalance

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Duodenal Fesula

2 wks

DUE TO (c)

Benign Tumor of Duodenum

Several mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Cholecystitis - Duodenitis

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

30 March 62 to 30 April 62

and last saw her

4/30/62

Death occurred at

12:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

5/2/62

Spencer Heights

Mounds

ILL.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Carl Aistat

Mound A. 11

5-4-1962

Lucas Kasten

USE BLACK INK

OR TYPEWRITER RIBBON

MAY 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Carl W. Alstat*

Licensed Embalmer No. 31-4839 Illinois

P. O. Address Mound City, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.